

PLEASE COMPLETE IN FULL

EXPERIENCE		
Begin with your present or most recent employment. List both paid and related volunteer work. Use additional pages as necessary.		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employed From To	Hours Weekly	Employer Name and Address
Salary <input type="checkbox"/> Month <input type="checkbox"/> Hour		Employer's Telephone Number
Supervisor's Name		Title and Duties
Reason For Leaving		
Employed From To	Hours Weekly	Employer Name and Address
Salary <input type="checkbox"/> Month <input type="checkbox"/> Hour		Employer's Telephone Number
Supervisor's Name		Title and Duties
Reason For Leaving		
Employed From To	Hours Weekly	Employer Name and Address
Salary <input type="checkbox"/> Month <input type="checkbox"/> Hour		Employer's Telephone Number
Supervisor's Name		Title and Duties
Reason For Leaving		
Employed From To	Hours Weekly	Employer Name and Address
Salary <input type="checkbox"/> Month <input type="checkbox"/> Hour		Employer's Telephone Number
Supervisor's Name		Title and Duties
Reason For Leaving		

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification or for dismissal of employment. I agree to conform to the rules and regulations of my employer. I consent to and authorize the City of Belmont to ask for information concerning me. I further understand that I may be fingerprinted, required to submit to a complete medical examination (including a substance abuse screen), to a psychological test and to furnish such proof of age and education as may be requested, or otherwise investigated prior to appointment. I release all parties and persons connected with any requests for information from all claims, liabilities and damages for whatever reason arising out of furnishing this information.

Signature _____

Date _____